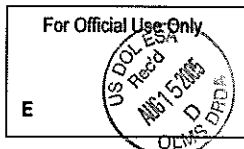


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8012	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name TIMOTHY G WACHTER P.O. Box, Bldg., Room No., if any Street 113 CLIFFORD AVE. City PITTSBURGH State Pennsylvania ZIP Code + 4 15238	4. Name, file number, and address of labor organization. Name B.A.C.#9 PA Labor Organization File Number 540-049 P.O. Box, Building and Room Number, if any Street 100 KINGSTON DR. City PITTSBURGH State Pennsylvania ZIP Code + 4 15235
5. Position in labor organization. V.P. / FIELD REP. PITTSBURGH BRICK	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u><i>Timothy Wachter</i></u>	On <u>8-12-05</u> Date	<u>412-860-8398</u> Telephone Number

Name of Person Filing TIMOTHY WACHTER

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name HIGHMARK BLUECROSS BLUESHIELD

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street FIFTH AVE PLACE, 120 FIFTH AVE.

City PITTSBURGH

State Pennsylvania ZIP Code + 4 15222

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name BBRICKLAYERS, MASONS AND ROOFERS WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any C/O GEM GROUP

Street 1200 THREE GATEWAY CENTER

City PITTSBURGH

State Pennsylvania ZIP Code + 4 15222

11.a. Nature of such dealing.

SERVICE PROVIDER TO WELFARE FUND

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

ATTENED GOLF OUTING SPONSORED BY SERVICE PROVIDER
ON 8-31-04 AT TOM'S RUN G.C

12.b. Amount.

\$173

Name of Person Filing TIMOTHY WACHTER	File Number U-
--	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name HIGHMARK BLUECROSS BLUESHIELD Trade Name, if any: P.O. Box, Bldg., Room No., if any Street FIFTH AVE PLACE- 120 FIFTH AVE. City PITTSBURGH State Pennsylvania ZIP Code + 4 15222	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name BRICKLAYERS, MASONS AND ROOFERS WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any C/O GEM GROUP Street 1200 THREE GATEWAY CENTER City PITTSBURGH State Pennsylvania ZIP Code + 4 15222	11.a. Nature of such dealing. service provider to welfare fund 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. ATTENDED GOLF OUTING SPONSORED BY SERVICE PROVIDER ON 5-24-04 AT PITTSBURGH FIELD CLUB G.C 12.b. Amount. \$288

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State Pennsylvania ZIP Code + 4 13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.a. Nature of payment. 14.b. Amount of payment.
---	--